Apr	olication	#			

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: Mckee Homes	Phone: 9104757100		
Owner (s) Mailing Address: 109 Hay 5+			
Land Owner Name (s): MCLCL	Phone:		
Construction or Site Address: 566 Executive Dr L	Minaton 27546		
PIN # Parcel #	J		
Job Cost:Description of Work to be done \\ \forall V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tion backflow		
Mechanical: New Unit With Ductwork New Unit Without Duct	work Gas Piping Other		
Electrical*: 200 Amp <200 Amp Service Change Service   * For Progress Energy customers we need the premise			
Plumbing: Water/Sewer Tap Number of Baths	Water Heater		
Specific Directions to Job from Lillington:			
Subdivision: Oakmont Valley View Lor			
I will provide the (Contractors Name)	labor on this structure.		
I am the building owner or my NC state license number is			
perform such work on the above structure legally. All work shall com			
other applicable State and local laws, ordinances and regulations.	, r. y		
Dell Haire Plumbing LLC	910 429-9939		
Contractor's Company Name	Telephone		
P.O. Box 65048 Fayetteville, NC 28306	dellhairplumbing@hotmail.com		
Address 32886P1	Email Address		
License #			
Structure Owner / Contractor Signature:	Date: 1/2/20		
By signing this application you affirm that you have obtained permiss purchase permits on their behalf. If doing the work as owner you und the listed property for 12 months after completion of the listed work.	sion from the above listed license holder to lerstand that you cannot rent, lease or sel		

\*Company name, address, & phone must match information on license